HNA upgraded coverage not enough say officials

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Sandy Wagner CAG member By BRENT SHRUM Western News Reporter

The administrator of a free medical plan for asbestos victims is offering upgraded prescription coverage for people with advanced disease, but local victims' advocates say the additional benefits come too late for most patients.

Health Network America announced this week that it will be providing an additional level of coverage for people suffering from advanced stages of asbestos-related disease. The new pharmacy plan includes full prescription benefits, not just coverage for certain medications that are directly related to asbestos exposure.

The medical plan was instituted by W.R. Grace in January 2000 to provide no-cost coverage for former vermiculite mine workers, their families and other Libby-area residents who may have come in contact with tremolite asbestos fibers that occurred as a contaminate in the vermiculite ore.

Until this spring, when HNA began auditing the plan, the cost of all prescriptions for the roughly 750 people enrolled was being reimbursed. But the plan was never intended to work that way, said HNA vice president for medical affairs Dr. Jay Flynn.

Pharmacy benefits under the original plan were intended to cover asbestosrelated illnesses only, Flynn said, and include antibiotics, chemotherapy for cancer patients, diuretics, antidepressants and over-the-counter smoking deterrents.

"It's pretty broad-based, and we geared it as best we could for the patients in Libby that have asbestos-related illnesses," he said.

The new pharmacy plan covers all medications for people who meet certain criteria. They are:

- Patients diagnosed with mesothelioma, a rare and deadly cancer associated with asbestos exposure.
- Patients requiring home oxygen service.

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 Patients requiring steroid or prednisone treatment.

 Patients suffering from pulmonary hypertension and associated right-heart failure.

Anyone meeting one of those criteria is considered "very sick" and can suffer from a host of complications, Flynn said.

"We think at that point that they should have full pharmacy benefits," he said.

At the other end of the spectrum is a patient who may show pleural plaqueing on one lung - enough to qualify for the basic medical plan - but who displays no symptoms and who still has normal lung function, Flynn said.

"That person should just have pharmacy coverage for asbestos-related things and not full pharmacy coverage," Flynn said.

Victims' advocate Gayla Benefield said she understands

that at times the plan may have been covering some things that it shouldn't have, but she stressed the importance of preventing further damage from asbestos-related disease.

"Any infection, I don't care where it is in the body, can cause this to turn around and get much worse," she said.

The second hypothetical patient described by Flynn needs more extensive coverage than is being provided, Benefield said.

"It will eventually show up on both sides if they can't take care of their health and they can't get the proper medications," she said.

The expanded benefits do nothing to help people stay healthy, Benefield said.

"The less-sick people have got to get sick on their own accord, and then they will come into the program," she said:

Sandy Wagner, a member of

the Community Advisory Group and the Center for Asbestos-Related Disease advisory board, said the new plan won't help most people until it's too late.

"Somebody's probably six to 12 months from dying and they're going to be 'so generous' to provide them with a comprehensive prescription plan," she said.

Meanwhile, people on the original plan will have to battle for every prescription, Wagner said.

"It's just part of the game," she said.

Flynn is more concerned about a healthy bottom line than with the well-being of asbestos victims, Wagner said.

"His business is cost containment," she said. "His business is not the well-rounded care of diseased people."

